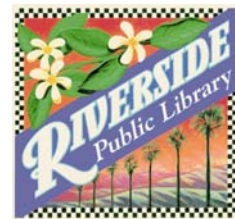


RIVERSIDE PUBLIC LIBRARY

ADULT APPLICATION FOR LIBRARY CARD



APPLICANT MUST PRESENT IDENTIFICATION WITH CURRENT ADDRESS

Have you had a card from any Riverside Library before?

PLEASE PRINT

FIRST NAME	MIDDLE NAME OR INITIAL
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LAST NAME TITLE (Dr., Jr., Sr., III)

MAILING ADDRESS				
Number/Street or PO Box	Apt/Space	City	State	Zip

RESIDENCE ADDRESS _____
 Number/Street Apt/Space City State Zip

COUNTY YOU LIVE IN _____

DO YOU LIVE INSIDE CITY LIMITS? Yes No Don't know

HOME TELEPHONE () BUSINESS TELEPHONE ()

DRIVER'S LICENSE NO. _____ DATE OF BIRTH _____

ELECTRONIC MAIL (E-MAIL) ADDRESS

We would appreciate you taking a few minutes to answer the following questions. This information will be very useful to the Library in planning Library programs and services. The information provided by you is confidential. Thank you!

Age Category: 15-54 (A) 55 and over (Y)

Language Preferred: English (EN) Spanish (SP) Vietnamese (VT)

Korean (KO) _____ Chinese (CH) _____ Japanese (JA) _____ Other (OT) _____

Gender: Male (M) Female (F)

Ethnic/Racial Background: Hispanic (HI) Black (BL) Asian (AN)

White (WH) _____ American Indian (AI) _____ Other (OT) _____

Occupation: Student (ST) _____ Clerical/Sales (CL) _____ Laborer (LA) _____

Skilled labor/trades (TR) Professional (PR) Homemaker (HO)

Retired (RE)

STAFF ONLY

QUICK REG

COMPLETION

STAFF	DATE	CLASS	QUALIFIER	STAFF	DATE
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